BEST	AVAILABLE	COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Applica	tion or Docket Number
	11054718
	2
	_ 9

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE 0			OTHER THAN			
FOR NUMBER		ER FILED		NUMBER EXTRA			RATE	FEE	1	RATE	FEE		
BASIC FEE								345.00	OR	3	690.00		
TOTAL CLAIMS minus 20= •							X\$ 9=	100	ОR	X\$18=			
INDEPENDENT CLAIMS									X39=	F-4-	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	12	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	1500	OR	TOTAL	·
1.	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	· <i>O</i>	5	Minus		<u> 35</u>	= ~		X\$ 9=		OR	X\$18=	
AMI	Independent FIRST PRESE	NTATIO	ON OF M	Minus ULTIPLE DEI	PEND	ENT CLAIM	=		X39=	5	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=	_	OR	+260=	
1	17 2	1					•	- A	TOTAL DDIT. FEE	_	OR	TOTAL ADDIT. FEE	
•	10,0		umn 1) AIMS	Territory		olumn 2) HIGHEST	(Column 3)						
IENT B		REM AF	AINING FTER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 2	5	Minus	**	<u> 25</u>	= -		X\$ 9=		OR	X\$18=	
AME	Independent	AUTATIO	+	Minus	***		=		X39= ·	J	OR	X78=	
	FIRST PRESE	NIAIIC	IN OF MI	JUIPLE DEF	ENU	ENT CLAIM			+130=	-	OR	+260=	_
			•	•	•	. •	· . ·	Al	TOTAL ODIT. FEE	<u> </u>	OR	TOTAL ADDIT. FEE	
• •			ımn 1)	(Care - Care - C			(Column 3)	r					
AMENDMENT C		REM/	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•		Minus	**		ε .		X\$ 9= ·		OR	X\$18=	
AME	Independent	•		Minus	***		= .	r	X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* ** ADDIT. FEE ADDIT. FEE													
****	***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												